

IN-STATE EVENT DISCLOSURE FORM FOR EMPLOYERS OF LOBBYISTS & LOBBYISTS

INSTRUCTIONS: This form is for employers of lobbyists or lobbyists to report the costs of in-state events permissible under T.C.A. § 3-6-305 (b)(8) where the entire membership of the General Assembly is invited. Note: A copy of the invitation must be delivered to the Tennessee Ethics Commission at least seven (7) days prior to the event. Disclosure statements of the event costs must be filed within thirty (30) days following the event. If two (2) or more employers of lobbyists or lobbyists pay for the costs of the event, the costs may be consolidated on this form; provided that specification is made as to the allocation of the costs among the employers or lobbyists. Such employers or lobbyists shall remain individually accountable for the timeliness and accuracy of the consolidated form. Please note that the information listed on this statement will be posted on the Commission's website.

1. DATE INVITATION WAS DELIVERED TO THE COMMISSION

2. DATE OF EVENT

3. DESCRIPTION OF EVENT

4. TOTAL AGGREGATE COST PAID FOR THE EVENT

**5. PER PERSON CONTRACTURAL COST FOR THE EVENT BASED ON THE
NUMBER OF PERSONS INVITED. (FOR 2007 AND 2008 THIS COST SHALL NOT
EXCEED \$50 PER PERSON PER DAY EXCLUDING SALES TAX AND
GRATUITY)**

6. NAMES, ADDRESSES, PHONE NUMBERS AND ALLOCATION OF COSTS FOR EACH OF THE EMPLOYERS OF LOBBYISTS OR LOBBYISTS WHO CONTRIBUTED TO THE COSTS OF THE EVENT (ATTACH ADDITIONAL PAGES AS NEEDED)

Name of Employer or Lobbyist	Employer or Lobbyist	Address	Phone Number	Individual Costs Paid

TOTAL COST OF EVENT: _____

7. TO BE SIGNED BY EMPLOYER OF LOBBYIST OR LOBBYIST:

I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report as required by T.C.A. § 3-6-305(b)(8).

Signature Date

Signature Date

Signature Date

Signature Date



SS-8007